

# Disclosure Report Cover

Amendment

☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
Do not use this form to update information.

## I. Committee Information

a. Full Name

Committee to elect Bob Lloyd

c. ID Number

b. Mailing Address (include City, State and Zip Code)

4257 Anderson Dr.  
Southport, NC 28461

d. Date Filed

9-28-15

e. Phone Number

910-376-1440

2. Report Year

2015

3. Period Start Date (mm/dd/yy)

07/06/15

4. Period End Date (mm/dd/yy)

09/22/15

5. Treasurer Full Name

Barbara M. Cheek

6. Type of Committee (Check One)

- ☒ Candidate Campaign ☐ Party  
☐ PAC ☐ Referendum  
☐ Independent Expenditure ☐ Joint Fundraiser  
☐ Legal Expense Fund

9. Type of Report (check only one type of report from one category)

Municipal

- ☐ Organizational  
☒ Thirty-five day  
☐ Pre-primary  
☐ Pre-election  
☐ Pre-runoff  
☐ Semi-annual  
☐ Mid Year  
☐ Year End  
☒ Final  
☐ Special

State/County

- ☐ Organizational  
☐ Quarterly  
☐ First  
☐ Second  
☐ Third  
☐ Fourth  
☐ Semi-annual  
☐ Mid Year  
☐ Year End  
☐ Final  
☐ Special

Referendum

- ☐ Organizational  
☐ Pre-referendum  
☐ Final  
☐ Supplemental Final  
☐ Annual  
☐ Special

7. Type of Fund (if applicable, check one)

- ☐ Booster Fund  
☐ Building Fund  
☐ Other:

8. Number of Fundraisers this Report

0

10. Special Report Name

## II. Account Information

a. Financial Institution Full Name

BB&amp;T

b. Purpose

Campaign  
Finance

c. Account Code

EFG

d. Period Begin Balance

\$ 100.00

## III. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Barbara Cheek

Printed Name of Signer

Barbara Cheek

Signature of Appointed Treasurer

9-28-15

Date

## FOR OFFICE USE ONLY

Date Received:

Date Postmarked:

Date Scanned:

Date Data Entered:

Employee:

Employee:

Employee:

Employee:

Delivery Method

- ☐ Normal Mail  
☐ Registered Mail  
☒ Hand Delivered  
☐ Electronically Filed

☐ Signer has not received  
mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

Amendment

☐ Yes ☐ No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
Start of Election Cycle: January 1, <u>2015</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ <u>0</u>	\$
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ <u>607.79</u>	\$	
6) Contributions from Individuals (CRO-1210)	\$	\$	
7) Contributions from Political Party Committees (CRO-1220)	\$ <u>- 0 -</u>	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$ <u>- 0 -</u>	\$	
9) Loan Proceeds (CRO-1410)	\$ <u>- 0 -</u>	\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ <u>- 0 -</u>	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ <u>- 0 -</u>	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ <u>- 0 -</u>	\$	
11c) Outside Sources of Income (CRO-1250)	\$ <u>- 0 -</u>	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ <u>- 0 -</u>	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$ <u>- 0 -</u>	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ <u>607.79</u>	\$	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ <u>125.00</u>	\$	
13b) Contributions to Candidate/Political Committees (CRO-1310)	\$ <u>- 0 -</u>	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$ <u>- 0 -</u>	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ <u>- 0 -</u>	\$	
15) Loan Repayments (CRO-1420)	\$ <u>- 0 -</u>	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ <u>- 0 -</u>	\$	
17) In-Kind Contributions (CRO-1510)	\$ <u>482.79</u>	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ <u>0</u>	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ <u>0</u>	\$	
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	



# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
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a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Betty Hupp 7916 East Yacht Dr Oak Island, NC 28465	Retired	
	c. Employer's Name/Specific Field	
e. Election Sum to Date		
\$ 125.00		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	EFG	CK# 2115		09/01/15	\$ 125.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
---	--

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
FAMS: CHARLES ROBERT LLOYD 4251 ANDERSON DR. SOUTHPORT, N.C. 28461 IN KIND CONTRIBUTION	Retired	
	c. Employer's Name/Specific Field	
e. Election Sum to Date		
\$		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	EFG	DEBIT CARD	YARD SIGNS, BCS CARDS TRIFOLD BROCHURES	8-15-2005	\$ 482.74
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
---	--

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
e. Election Sum to Date		
\$		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 125.00
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5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$
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# Disbursements

Pg \_\_\_\_ of \_\_\_\_

Amendment

☐ Yes ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Bob Lloyd - The Committee To Elect Bollo							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <span style="float:right"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>							
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Betty Hupp 7916 EAST YACHT DR OAK ISLAND, N.C. 28465							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
EFL	check	C	9-28-2015	\$ 125.00	Re Fund		
				\$			
4. Payee Information <span style="float:right"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Payee Information <span style="float:right"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page							
						\$	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

# In-Kind Contributions

Pg \_\_\_\_ of \_\_\_\_ Amendment ☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.  
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

<b>1. Committee Full Name (and Fund if applicable)</b> <i>Committee to elect Bob Lloyd</i>		<b>2. ID Number</b>																				
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove																						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) <i>Charles Robert Lloyd 4257 Anderson Dr Southport, NC 28461</i>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>b. Type of Contributor</b></td> <td rowspan="6"><b>c. Comments</b></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Individual</td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/> Candidate</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Party</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> PAC</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Referendum</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other Receipt Source</td> <td><b>d. Election Sum to Date</b></td> </tr> <tr> <td colspan="2"></td> <td>\$ <i>482.79</i></td> </tr> </table>		<b>b. Type of Contributor</b>		<b>c. Comments</b>	<input type="checkbox"/> Individual		<input checked="" type="checkbox"/> Candidate		<input type="checkbox"/> Party		<input type="checkbox"/> PAC		<input type="checkbox"/> Referendum		<input type="checkbox"/> Other Receipt Source		<b>d. Election Sum to Date</b>			\$ <i>482.79</i>
<b>b. Type of Contributor</b>		<b>c. Comments</b>																				
<input type="checkbox"/> Individual																						
<input checked="" type="checkbox"/> Candidate																						
<input type="checkbox"/> Party																						
<input type="checkbox"/> PAC																						
<input type="checkbox"/> Referendum																						
<input type="checkbox"/> Other Receipt Source		<b>d. Election Sum to Date</b>																				
		\$ <i>482.79</i>																				
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>																			
<i>yard sign, magnetic signs,</i>		<i>8-15-2015</i>	\$ <i>482.79</i>																			
<i>business cards, tri fold brochures</i>			\$																			
			\$																			
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove																						
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<b>b. Type of Contributor</b>		<b>c. Comments</b>																				
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		\$																				
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			\$																			
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			\$																			
			\$																			
			\$																			
<b>4. Total only this Page</b>		\$ <i>482.79</i>																				
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ <i>482.79</i>																				





North Carolina  
State Board of Elections  
441 N Harrington Street  
Raleigh, NC 27603

Kim Westbrook Strach  
Executive Director

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173

### Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Committee Name:

Committee to elect Bob Lloyd

Treasurer Name:

Barbara Cheek

Treasurer Address:

4257 Anderson Dr.

(include city, state, & zip)

Southport, NC 28461

Treasurer Phone:

910-330-4143

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

9-28-15

Date Signed

Barbara Cheek

Signature